DOCUMENT RESUME

ED 350 524 CG 024 578

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TITLE Alcohol and Drug Abusers Entering Treatment: How Different Are They?
PUB DATE Aug 92
NOTE 10p.; Paper presented at the Annual Meeting of the American Psychological Association (100th, Washington, DC, August 14-18, 1992).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcohol Abuse; Cocaine; *Drug Abuse; *Drug Rehabilitation; Foreign Countries; *Institutionalized Persons; Personality Traits; *Substance Abuse

ABSTRACT

A major shift in drug abuse epidemiology has been witnessed in North America over the past decade. Although alcohol continues to be widely abused, usage of other substances has proliferated. While addicted individuals share some attributes, certain demographic, psychological, and cognitive characteristics may distinguish alcoholics from those who abuse other substances. This descriptive field study systematically compared the presenting characteristics of alcohol and other substance abusers. Study participants were 208 patients recruited from those beginning treatment for alcohol and drug abuse at two residential, publicly-funded, treatment centers serving French- and English-speaking patients in the greater Montreal region. Subjects were categorized into three groups: alcohol abusers; other drug (principally cocaine) abusers; and both alcohol and other drug abusers. Group differences in age, scores on subscales of the Symptoms Checklist 90, and neuropsychological test scores were all in evidence. Patients in all groups seemed to be experiencing major trauma in their lives. Those who abused only alcohol were older than those also reporting cocaine and other substance usage. Those patients who reported abusing substances either alone or in conjunction with alcohol appeared to be more obsessive-compulsive and exhibited greater hostility. Given such a marked clustering of psychological and cognitive differences across groups, the suitability of a common treatment approach for patients presenting with varied profiles of substance abuse may be questioned. (ABL)

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Alcohol and Drug Abusers Entering Treatment: How Different Are They?

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ABSTRACT

While addicted individuals share some attributes, certain demographic, psychological, and cognitive characteristics may distinguish alcoholics from those who abuse other substances. Males and females recruited from residential, addiction treatment centers serving French and English speaking patients were categorized into three groups as follows: 1) alcohol abusers, 2) other drug (principally cocaine) abusers, and 3) both alcohol and other drug abusers. Group differences in age, scores on subscales of the Symptoms Checklist 90, and neuropsychological test scores were all in evidence. Overall, the findings reinforce the appropriateness of considering psychological and cognitive status when seeking to tailor a treatment program as a function of the presenting characteristics of substance abusers.

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INTRODUCTION

A major shift in drug abuse epidemiology has been witnessed in North America over the past decade. Although alcohol continues to be widely abused, usage of other substances, particularly cocaine, has proliferated. In the absence of cocaine specific treatment programs, multimodal residential facilities that have traditionally dealt with alcoholics have been pressed into servicing multiple substance abusers. While addicted individuals may share some attributes, certain demographic, psychological, and cognitive characteristics may distinguish alcoholics from those who abuse other substances. If crucial differences were to exist as a function of substance abused, then more consideration for the matching of treatment to patients' presenting characteristics would be in order. The present descriptive field study therefore systematically compared the presenting characteristics of alcohol and other substance abusers.

METHOD

Study participants were 208 patients recruited from those beginning treatment for alcohol and drug abuse at two residential, publicly-funded, treatment centers serving French and English speaking patients in the greater Montreal Region. Male and female patients were categorized into three groups as follows: 1) alcohol abusers [Group Alcohol], 2) other drug (principally cocaine) abusers [Group Other], and 3) both alcohol and other drug abusers [Group Alcohol & Other]. From the total sample brought under study, 36.5 percent fell into Group Alcohol, 9.1 percent into Group Other, while the remaining 54.3 percent were in Group Alcohol & Other. The percentage of females in these three groups were 27%, 26%, and 37% respectively. At the outset of the patient's treatment program, three principal classes of instruments were administered. The Addiction Severity Index (ASI) provided a multifaceted index of substance abuse along with its behavioral/psychological sequelae. The Symptoms Checklist 90 (SCL 90) permitted a finer-grained quantification of psychological status via nine clinical subscales and three general indices of symptom severity. Finally, performance on three structured cognitive tasks (Block Design, Digit Symbol, and Digit Span) derived from the Wechsler Adult Intelligence Scale was employed to assess memory or attentional deficits. The use of a menu-driven laptop computer during questionnaire and test administration allowed direct data entry of most of the patient's responses.

RESULTS

A significant MANOVA (BMDP-4V) on the overall data permitted differences across the three groups to be further explored with ANOVAs and post-hocs. Selected demographic data presented in Table 1 revealed a marked age difference across groups with alcoholics (mean age = 41.1 $\pm$ 1.1) being significantly older than either other substance abusers (mean age = 33.0 $\pm$ 3.0) or those who abused both alcohol and other substances (mean age = 31.8 $\pm$ 0.60). Years of education and gender composition of the three groups were similar.

Table 2 presents the group scores on the ASI and the cognitive tasks. Consistent with group categorization, subscales of the ASI indicated marked between-group differences in alcohol and drug abuse profiles. In addition, members of Group Alcohol & Other exhibited greater legal complications as reflected in higher scores on the Legal subscale. Although the Medical, Employment, Family/Social and Psychological subscales were all elevated, group differences on these measures were not in evidence.

Despite the failure of the single psychological subscale of the ASI to differentiate the three groups, the SCL 90 scores (presented schematically in Figure 1) indicated sharp across group differences in psychological symptomatology. On both the Obsessive-Compulsive and Hostility subscales, the scores for members of Group Other and of Group Alcohol & Other were significantly elevated in comparison with those of Group Alcohol. On the Interpersonal Sensitivity subscale, members of Group Other scored significantly higher than Group Alcohol. On the Somatiza-

tion subscale scores for Group Alcohol were significantly lower than those in Group Alcohol & Other.

The cognitive test scores, which are presented in the bottom panel of Table 1 also revealed significant group differences. Scores on Digit Symbol and Block Design both indicated greater deficits for those patients in Group Alcohol & Other relative to those seen in Group Alcohol.

CONCLUSIONS

Comparison of patients who present with a history of different substances of abuse reveals certain similarities as well as systematic differences in demographic, psychological as well as cognitive status. First, the subscales of the ASI indicate comparability of upheavals in medical, employment, family/social and psychological status. Thus, to some degree, patients in all groups seem to be experiencing major trauma in their lives. The higher ASI legal subscale scores for patients reporting both alcohol and other substance usage suggests that such multiple substance abuse may be accompanied by more severe judicial complications. Those who abuse only alcohol are older than those also reporting cocaine and other substance usage. This fact may be attributable to the more rapid deterioration associated with cocaine as opposed to alcohol usage. The percent of females in the three groups, which ranged from 26 to 37 percent, seemed representative of the gender of patients presenting for treatment in our multicultural urban sample.

Even though the single psychological subscale of the ASI did not differentiate the three groups, the multidimensional SCL 90

subscales revealed, in contrast, salient group differences in psychological profile. Those patients who reported abusing substances, principally cocaine, either alone or in conjunction with alcohol appeared more obsessive-compulsive and exhibited greater hostility. Those patients who abused substances other than alcohol (again, principally cocaine) also exhibited more hostility than that seen in patients who abused only alcohol. The ability of the SCL 90 to discern such psychological differences in a context in which the ASI produced largely homogeneous scores suggests that the former instrument may provide a more sensitive index of psychological status of substance abusers presenting for treatment.

The fact that patients who abuse both alcohol and other substances exhibited poorer scores on the Digit Symbol and Block Design tasks indicates that such multiple substance abuse is associated with a) poorer kinesthetic learning and visuomotor ability and b) impaired conceptual and abstract reasoning, respectively. Thus the significant differences which were observed on two out of the three tests in the cognitive test battery extends the contrast across groups from the psychological domain to that of reasoning and information processing.

Given such a marked clustering of psychological and cognitive differences across groups, the suitability of a common treatment approach for patients presenting with varied profiles of substance abuse may be questioned. The unique disruptions associated with differing substances of abuse may predispose some patients to stand to benefit more from one therapeutic regime rather than another. For instance, the across group differences

in cognitive functioning might render impractical the acquisition of new coping patterns to deal with high risk situations which certain cognitive-behavioral programs requires. At the same time, the existence of such deficits might have little impact upon the ability to benefit from more didactic treatment approaches.

Our findings therefore are consistent with the emerging tendency to adapt therapeutic modalities, which have been traditionally employed for alcoholics, to the unique needs of patients who present with a history of abuse which includes substances other than alcohol. What now appears to be called for are larger-scaled clinical trials which systematically monitor client outcome in a context where patients are matched to different treatment regimes as a function of salient presenting characteristics.

Table 1. Group Sample Size (total N = 208) and Selective Demographic data for patients in Group Alcohol, Group Other, and Group Alcohol & Other.

Group	Alcohol	Other	Alcohol & Other
N	76	19	113
Age	41.1	33.0	31.8
Years of Education	11.4	11.2	11.2
Gender			
Males	53	12	83
Females	23	7	30

Table 2. Mean Group Scores on the Scales of the Addiction Severity Index (ASI) and the Three Cognitive Tasks for patients in Group Alcohol, Group Other, and Group Alcohol & Other.

Group	Alcohol	Other	Alcohol & Other
Addiction Severity Index:			
Composite Scores			
Medical	.28	.38	.25
Employment	.63	.73	.68
Alcohol	.42	.10	.33
Drug	.02	.17	.17
Legal	.06	.06	.12
Family/Social	.33	.38	.37
Psychological	.46	.47	.47
Cognitive Tasks			
Block Design	22.8	25.1	26.8
Digit Symbol	49.4	47.3	53.4
Digit Span	14.9	14.8	13.8

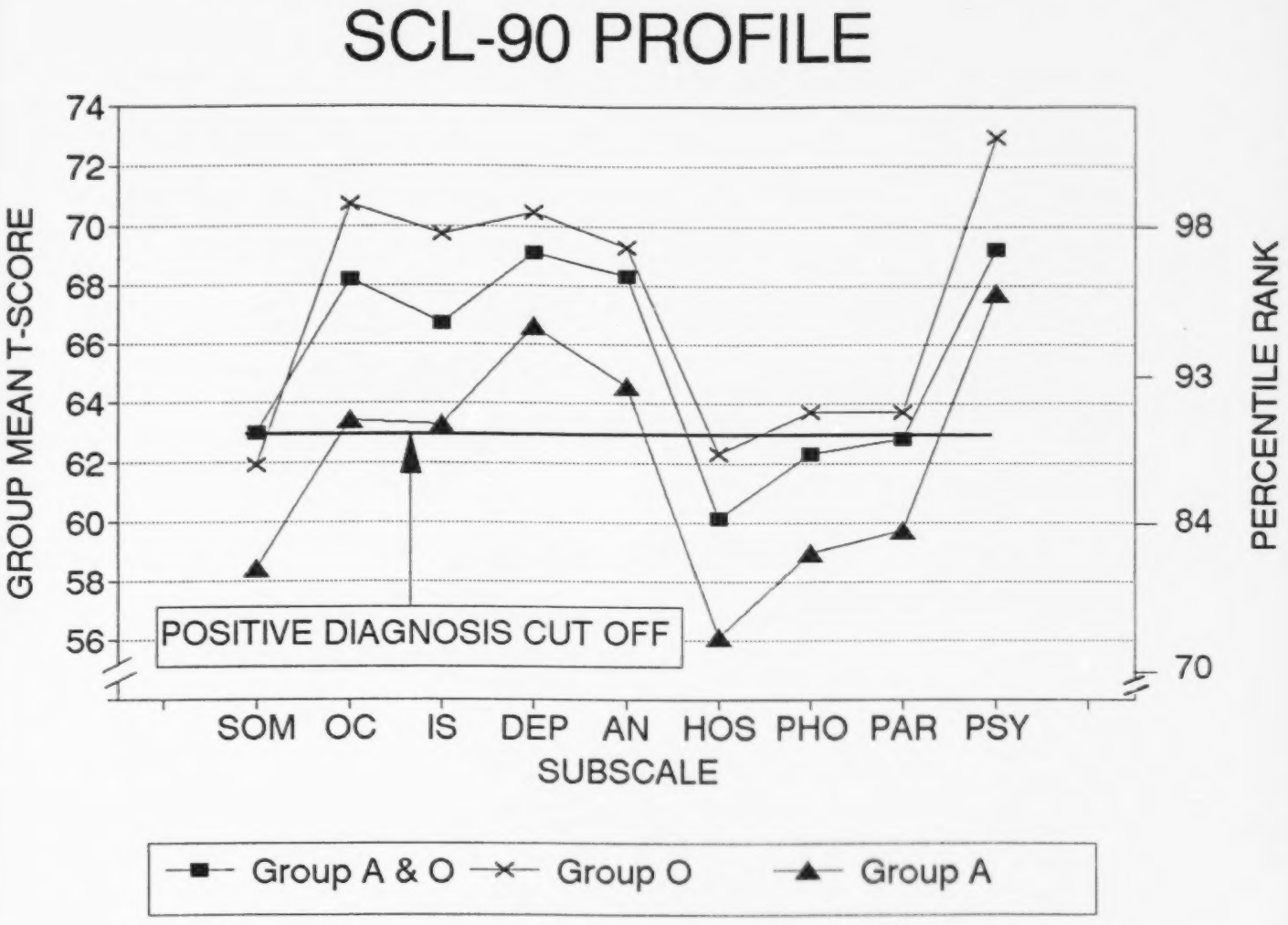

Figure 1. Group Mean T-Score for the subscales of the SCL-90:

SOM	Somatization
OC	Obsessive-Compulsive
IS	Interpersonal Sensitivity
DEP	Depression
AN	Anxiety
HOS	Hostility
PHO	Phobic Anxiety
PAR	Paranoid Ideation
PSY	Psychoticism

The right-hand Y-axis presents the Percentile Rank based on normative scores of nonpatient males and females.